

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016502

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 222

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 156  
FILED APR 29 1963

|   |                        |   |                            |
|---|------------------------|---|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper                                 |                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>Joplin   |                        | c. CITY OR TOWN Joplin  |                            |
| Length of stay in b. 45 yrs   |                        | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>St. John's Hospital  |                        | d. STREET ADDRESS (If outside, give location)<br>415 Walnut Ridge   |                            |
| 3. NAME OF DECEASED<br>(Type or print) CHARLEY H. WILDER  |                        | 4. DATE OF DEATH<br>April 16, 1963  |                            |
| 5. SEX Male   | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 2-12-1881 |
| 9. AGE (last birthday) 82   |                        | 10. IF UNDER 1 YEAR Months Days Hours Min.  |                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Druggist   |                        | 10b. KIND OF BUSINESS OR INDUSTRY<br>Wilder Drug Store  |                            |
| 11. BIRTHPLACE (City and state or country)<br>Mt. Vernon, Missouri  |                        | 12. CITIZEN OF WHAT COUNTRY<br>USA  |                            |
| 13a. FATHER'S NAME<br>Albert Wilder   |                        | 13b. MOTHER'S MAIDEN NAME<br>Fanny Kirby  |                            |
| 14. NAME OF HUSBAND OR WIFE   |                        | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                            |
| 16. SOCIAL SECURITY NO.   |                        | 17. INFORMANT Son-<br>Hal Wilder, 3236 Pearl Ave., Joplin, Mo.  |                            |
| 18. CAUSE OF DEATH (Enter only one cause per line. (a), (b), and (c).<br>PART I: DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Cerebral stroke &amp; general<br/>debility</i><br>DUE TO (b) <i>debility</i><br>DUE TO (c) <i>debility</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>gen. debility</i><br>PART III. If deceased was female was there a pregnancy in last 90 days:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                        | INTERVAL BETWEEN ONSET AND DEATH<br>22 months   |                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                        | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |                            |
| 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)   |                        | 20c. TIME OF INJURY<br>Hour Month, Day, Year  |                            |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                        | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                            |
| 20f. CITY, TOWN, OR LOCATION  |                        | COUNTY STATE  |                            |
| 21. I attended the deceased from May 23-1961 to April 16-1963 and last saw him alive on April 16-1963   |                        | Death occurred at on the date stated above and to the best of my knowledge, from the causes stated.   |                            |
| 22a. SIGNATURE<br><i>Do Shue</i>  |                        | 22b. ADDRESS<br>2125 Jean Ave Joplin  |                            |
| 22c. DATE SIGNED<br>4-20-63   |                        | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                            |
| 23b. DATE<br>4-18-1963  |                        | 23c. NAME OF CEMETERY OR CREMATORY<br>Mount Hope Cemetery,  |                            |
| 23d. LOCATION (City, town, or county)<br>Webb City, Missouri  |                        | 24. FUNERAL DIRECTOR<br>STEVE PARKER MORTUARY, JOPLIN, MISSOURI   |                            |
| 25. DATE RECD. BY LOCAL REG.<br>4-24-1963   |                        | 26. REGISTRAR'S SIGNATURE<br><i>Dorrie Merriam</i>  |                            |

APR 30 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert D. York

Licensed Embalmer No. 5193

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.